



# MN BCA Postmortem Kit Sample Identification and Information Sheet

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Distribution: FSS

Subject Name: \_\_\_\_\_

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex: M F

Date/Time of Death: \_\_\_\_/\_\_\_\_/\_\_\_\_ :\_\_\_\_

Case History: \_\_\_\_\_

Subject's Status: Driver\_\_\_\_ Passenger\_\_\_\_ Pedestrian\_\_\_\_ Car\_\_\_\_ Pick-up\_\_\_\_ Truck\_\_\_\_  
Snowmobile\_\_\_\_ Farm Vehicle\_\_\_\_ Other (Specify)\_\_\_\_\_

Date/Time sample taken: \_\_\_\_/\_\_\_\_/\_\_\_\_ :\_\_\_\_ Please use military time

Preferred Sample: Femoral\_\_\_\_ Subclavian\_\_\_\_ Vitreous Humor\_\_\_\_

Other Samples: Heart\_\_\_\_ Bladder\_\_\_\_

Is the sample contaminated with embalming fluid? Yes\_\_\_\_ No\_\_\_\_

If yes, list contents of fluid: \_\_\_\_\_

Analysis Requested: Alcohol\_\_\_\_ Drugs

(Specify)\_\_\_\_\_

Sample Collected by: M.E./Coroner\_\_\_\_ Dep. M.E./Coroner\_\_\_\_ Other\_\_\_\_

County: \_\_\_\_\_

Has alcohol/drug testing already been performed? Yes\_\_\_\_ No\_\_\_\_ If yes, what testing has been done and what were the testing results? Alcohol\_\_\_\_ Drugs\_\_\_\_

ICR/Ticket/Case No.: \_\_\_\_\_

Send Report to Agency: \_\_\_\_\_

Attention: \_\_\_\_\_

Send Additional Report to: \_\_\_\_\_

## For Laboratory Use Only

Received at BCA:

Sealed? Yes No

Office: Affix case label here

For scientist: Standard BCA kit containing whole blood?

Yes No

Volume \_\_\_\_ / \_\_\_\_ mL Thin (watery) Blood Broken Tube

Clotted Blood Tissue Grinder Used Vitreous Humor

Other notes: \_\_\_\_\_